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FOR ACTION

UNICEF/WHO JOINT COMMITTEE ON HEALTH POLICY

Report on its special session held at the headquarters of the World Health Organization

Geneva, 15-16 May 1996

SUMMARY

The present report contains the recommendations of the special session of the UNICEF/WHO Joint Committee on Health Policy of the Executive Boards of UNICEF and WHO, which met at WHO Headquarters in Geneva on 15-16 May 1996.

* E/ICEF/1996/13.

World Health Organization
Organisation mondiale de la Santé

United Nations Children's Fund
Fonds des Nations Unies pour l'Enfance

UNICEF-WHO Joint Committee on Health Policy
Special Session
WHO, Geneva, 15-16 May 1996

JCHPSS/96.5
6 June 1996

REPORT OF THE UNICEF-WHO JOINT COMMITTEE ON HEALTH POLICY ON ITS SPECIAL SESSION

I. OPENING (AGENDA ITEM 1)

1. Dr Yuji Kawaguchi, Director, Interagency Affairs, opened the session and welcomed the participants.

2. Professor Li Shichuo, Chairman of the WHO Executive Board, was unanimously elected Chairman. Dr Kiasekoka Nlemvo Joao Miguel, member of the UNICEF Executive Board, and Dr K. Leppo, member of the WHO Executive Board, were elected Rapporteurs. JCHP noted the regrets of the following members, who were unable to be present: Dr A.R.S. Al-Muhailan, Dr B.L. Shrestha and Dr K. Kalumba. See annex for the list of participants.

3. JCHP adopted the Agenda[1] as amended with the addition of an item on the United Nations System-wide Special Initiative on Africa. In his introductory remarks, the Chairman said that JCHP had a long and illustrious history of helping to encourage and put into operation a more human and pro-active approach to health. The main task of the present meeting was to review progress towards the achievement of the health-related goals adopted in 1990 at the World Summit for Children, as well as the mid-decade goals. The review would show that the goals, so simply stated, had been helpful in stimulating the efforts, not only of UNICEF and WHO, but also of all those interested in the health and welfare of children and women. It was important for JCHP to assess the current situation and propose realistic actions for the coming five years.

4. Dr Hiroshi Nakajima, Director-General of WHO, welcomed participants and extended a special welcome to Ms Carol Bellamy, Executive Director of UNICEF, who was attending JCHP for the first time. He was confident that the long-standing collaboration between the two organizations would increase in strength and effectiveness for the benefit of Member States and their people, particularly women and children.

5. Notable successes had been achieved in the immunization of children. Eradication of poliomyelitis had been certified in the Region of the Americas in 1994 and WHO expected to make that achievement worldwide by the turn of the century. Substantial progress was also being made in the eradication of guinea-worm disease, the elimination of neonatal tetanus, leprosy and Chagas disease, and the control of measles and onchocerciasis. Enormous challenges, however, remained to be faced. Infectious diseases were the world's leading cause of premature death: out of about 52 million deaths from all causes in 1995, more than 17 million were due to infectious diseases and about nine million of these deaths occurred in young children. The biggest killers in 1995 included: acute lower respiratory infections; diarrhoeal diseases, including cholera, typhoid and dysentery; and malaria. The problem was particularly acute in Africa where, in rural areas, malaria killed one in 20 children before they reached five years of age. Measles, neonatal tetanus and whooping cough were still causing very high child mortality rates. There should be no let-up in immunization programmes.

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[1] Document JCHPSS/96.1/Rev.2

6. Those harsh facts should strengthen the determination of UNICEF and WHO to harness all available resources, and fight with renewed energy for the survival and healthy future of the children of the world. The integrated management of childhood illnesses was a promising approach which should be made a part of national health systems as rapidly as possible and integrated into district health systems. An important tool would be the set of standard treatment guidelines and training course for first-level health workers, jointly developed by UNICEF and WHO.

7. In the vast majority of cases, maternal mortality and morbidity could be avoided. Pregnancy is not a disease and preventing pregnancy-related deaths and disabilities did not require the use of expensive drugs or sophisticated technologies. All pregnant women and women in labour should have access to basic primary health care of good quality, and to timely referral to essential obstetric care when complications occurred. The presence of a trained, skilled attendant at birth was a critical determinant of the outcome, both for the mother and the baby, as had been shown repeatedly. Some progress had been made in that regard, but almost half of the women in the world still gave birth unattended or with only the most elementary and unskilled assistance. Both UNICEF and WHO had stressed the importance of continuing to strengthen skilled midwifery services.

8. The focus at present should be on political and professional commitment to financing and sustaining well-planned, cost-effective disease control and health promotion measures which would save lives and improve the quality of life of children and their mothers. The future well-being of all countries depended on the younger generation. The greatest need was still in the more disadvantaged countries, particularly on the African continent. The United Nations System-wide Special Initiative on Africa had placed health among its highest priorities. A concerted effort to achieve equitable health sector reform within the next 5 to 10 years in all African countries would facilitate the reduction of childhood diseases and the more effective control of infectious diseases, including malaria. It would be feasible to increase access to reproductive health services, which were so badly needed in most countries. Other measures to reduce maternal morbidity and mortality could also be taken.

9. JCHP should point the way towards workable solutions which would guarantee health security for all. A resolute effort was required to achieve the targets set by the World Summit for Children. The international community had to be made more aware of the need and the opportunity to fight poverty by improving health. Solidarity between countries and between generations was the best guarantee of security and prosperity for all.

10. Ms Carol Bellamy, Executive Director of UNICEF, said that UNICEF gave very high priority to the work of JCHP, as health and nutrition continued to be central to UNICEF programmes in over 140 developing countries. Since the previous JCHP meeting, there had been three significant developments in UNICEF with a direct impact on work in health and nutrition: in January 1996, the UNICEF Executive Board had approved a first-ever mission statement which clearly established that UNICEF was guided by the Convention on the Rights of the Child; in September 1995, the Executive Board had approved an updated health strategy which had been discussed extensively with WHO; and UNICEF had recently reorganized its health section in New York.

11. The present meeting of JCHP was important because it would help assess global progress at mid-term towards the goals of the World Summit for Children and lay the basis for the United Nations Secretary-General's report to the General Assembly later in 1996. Impressive results had been achieved in child mortality reduction, but the situation in sub-Saharan Africa and South Asia remained grave. Progress had been made in combating diarrhoea. Acute respiratory infections would, despite efforts, account for about one third of all child deaths in 65 of the 88 countries with the highest levels of mortality. In global terms, the 80% immunization coverage achieved in 1990 had been sustained and was saving well over two million young lives every year. In the process, it had strengthened primary health care systems in many nations. Malnutrition, which remained highly prevalent among young children in the developing world, was associated with over 50% of young child mortality. Over the past two years, salt iodization programmes had halved the number of children at risk of iodine deficiency

disorders, the leading cause of mental impairment to children. Severe forms of vitamin A deficiency, including blindness, had declined markedly in many countries through large-scale supplementation programmes. Reduction of iron deficiency anaemia had to be accorded a higher priority. Breast-feeding was essential to combat malnutrition and should again become the global norm.

12. Reducing maternal mortality and morbidity should be a priority for collaboration between UNICEF and WHO, not only because of the unacceptable toll on women, but also because the death of a mother vastly reduced her children's likelihood of survival and healthy development. Furthermore, if the goal of universal access to safe drinking water and to adequate sanitation was to be achieved, communities had to play a far greater role in planning and managing those basic services; more equitable ways to fund them had to be found; and there had to be far greater collaboration between all agencies working in the sector.

13. The Convention on the Rights of the Child provided a framework for work into the next century. Universal ratification and implementation of the Convention required that every child had access to the basic services and support necessary for their survival, protection and development. Goals dictated by realism and practical considerations did not obviate the responsibility to continue efforts until the human rights of all children were achieved.

14. The lessons of the first half of the decade had to be analysed, in coordination with national authorities in each country and a wide range of international organizations, and measures for implementing more effective approaches taken. Far greater integration of health efforts, as well as increased emphasis on community participation, were essential to success. Children and their families were not divided into sectors: they lived in households and communities where they received most of their basic care. A number of important health problems, including malaria and HIV/AIDS, for which no global goals had been set also demanded attention.

15. Health and nutrition promotion strategies focusing on changing behaviour in the family and household needed to be strengthened. People themselves could reduce the burden of ill-health through small but critical changes in everyday habits and lifestyles, including diet. Behavioural change was especially important in dealing with the health problems of adolescents. The United Nations System-wide Special Initiative on Africa offered an opportunity for accelerating the reduction of child and maternal mortality in sub-Saharan Africa. Surveillance and monitoring needed to be continued and improved in all areas of health and nutrition. Much remained to be done in both industrialized and developing countries to put data to work for children. The mobilization of additional resources for health and nutrition presented a special challenge. In that respect, it was heartening that a recent meeting in Oslo, convened by the Governments of Norway and the Netherlands, had reaffirmed the 20/20 Initiative as one of the most promising proposals for coping with the current crisis in funding of basic social services.

16. At the midway point between the World Summit for Children and the year 2000, the results of political commitment "to give every child a better future" were more visible, despite civil conflicts and man-made and natural disasters in so many countries. Such progress meant that some 2.5 million fewer children would die in 1996 than in 1990. The unprecedented momentum of improvement had to be the bridge to the twenty-first century that all children could cross.

II. REVIEW OF WHO RESOLUTIONS AND UNICEF DECISIONS (AGENDA ITEM 2)

17. The document under consideration[2] presented resolutions relevant to improving the health status of women and children, adopted by the World Health Assembly in May 1995 and by the WHO Executive Board in January 1996, and decisions of the UNICEF Executive Board, since its thirtieth session, related to health. JCHP was thus afforded the opportunity of suggesting innovative approaches to invigorate the implementation of policy, and of bringing the resolutions and decisions to the attention of their respective Executive Boards, together with their suggestions for action.

WHO RESOLUTIONS

Emergency and humanitarian action (WHA48.2)

18. The presence of UNICEF and WHO at field level before, during and after emergencies put the two organizations in a position to coordinate their respective activities with regard to preparedness, crisis management and rehabilitation. It was pointed out that the specific roles of UNICEF and WHO in different types of emergency situations should be clarified.

19. JCHP encouraged efforts being made to elaborate a Memorandum of Understanding and **recommended** that the process be concluded as early as possible and that the negotiation of other collaborative arrangements of a practical nature to enhance cooperation at the field level between UNICEF and WHO country representatives, relating, for example, to emergency preparedness or training, should be pursued through regular consultations.

Intensified cooperation with countries in greatest need (WHA48.3)

20. JCHP noted the resolution and WHO's pro-active country-by-country approach was outlined. It was pointed out that resources should be used for maximum efficiency and effective collaboration at country level. JCHP recognized the strong commitment of each organization, the common ground as well as the differences in the approaches of the two organizations, and the need to intensify cooperation at country level based on shared experiences.

21. JCHP **recommended** that UNICEF and WHO continue to collaborate to support countries in greatest need, with special emphasis on sub-Saharan Africa and the least developed countries.

Prevention of hearing impairment (WHA48.9)

22. It was noted that UNICEF handled the prevention of hearing impairment within the framework of an integrated and holistic approach to child care and disability prevention. Consideration should be given to how households, community groups and schools could contribute to the prevention of unnecessary hearing impairment and other disabilities. Resolution WHA48.9 was intended to facilitate work through existing primary health care systems in an integrated manner, with a view to increasing action for the prevention of childhood disability.

23. JCHP noted that hearing impairment was a barrier to child development, and encouraged future collaboration between UNICEF and WHO within the framework of integrated support to child care and disability prevention.

Reproductive health: WHO's role in the global strategy (WHA48.10)

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[2] Document JCHPSS/96.2

24. JCHP noted the resolution and that maternal and newborn health had long been a major field for complementary and, where appropriate, collaborative action. UNICEF and WHO looked forward to even greater collaboration in this area, taking into consideration the recommendations of ECOSOC and ACC in connection with coordinated follow-up to international conferences, in particular the International Conference on Population and Development.

An international strategy for tobacco control (WHA48.11)

25. JCHP noted that UNICEF and WHO had begun working together for tobacco control. JCHP encouraged the two organizations to continue their collaboration to strengthen global and comprehensive approaches to preventing tobacco use among young people, bearing in mind that UNICEF's activities would take place within the framework of its health strategy as approved by its Executive Board.

WHO response to global change: renewing the health-for-all strategy (WHA48.16)

26. Noting that the subject of the resolution was also referred to in UNICEF Executive Board decision 1995/28, JCHP considered the renewal of the health-for-all strategy as a priority for action, and **recommended** that the two organizations continue to collaborate closely at global, regional and country levels.

27. JCHP noted the information contained in the document[3] with respect to the following WHA resolutions:

Control of diarrhoeal diseases and acute respiratory infections: integrated management of the sick child (WHA48.12)

Communicable diseases prevention and control: new, emerging, and re-emerging infectious diseases (WHA48.13)

Paris AIDS Summit (WHA48.27)

Establishment of the joint and cosponsored United Nations programme on HIV/AIDS (WHA48.30)

Prevention and control of iodine deficiency disorders (EB97.R9)

UNICEF EXECUTIVE BOARD DECISIONS

Coordination of UNICEF activities concerning HIV/AIDS (1995/13)

28. JCHP took note of the decision and drew attention to the need to work with UNAIDS.

UNICEF strategies in water and environmental sanitation (1995/22)

29. JCHP took note of the decision and, in that context, raised the issue of community cost-sharing. It was agreed that UNICEF and WHO should look at that issue as part of their ongoing collaboration in water and sanitation.

30. JCHP noted the following decisions of the UNICEF Executive Board, commenting that the decisions reflected practical realities of implementing international health policies and of ensuring access to essential services, especially in resource-starved environments:

Follow-up to the Fourth World Conference on Women (1996/3)

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[3] JCHPSS/96.2

Extension of cooperation with Rotary International for polio eradication and extension of the Vaccine Independence Initiative (1996/17)

Health strategy for UNICEF (1995/28)

Follow-up to the International Conference on Population and Development (1995/29)

31. JCHP **recommended** that the two organizations continue to collaborate closely, at global, regional and country levels, in learning lessons and developing new guidance as a result of their experiences.

III. WORLD SUMMIT FOR CHILDREN: REVIEW OF PROGRESS AT MID-DECADE AND PREPARATION FOR THE YEAR 2000 (AGENDA ITEM 3)

32. The document under discussion[4] set out the goals for the year 2000 and the mid-decade health-related goals of the World Summit for Children, as well as indicating progress made towards achieving those goals and the obstacles still to be overcome.

33. The Committee was called upon to provide guidance on ways to maintain momentum and keep up pressure to obtain continued political and financial support for the activities necessary to achieve the goals. JCHP stressed the importance of focusing attention on child and maternal mortality and morbidity, and on water and sanitation, noting the special needs of Africa and South Asia. It was observed that progress in those areas required political commitment as well as resources.

34. It was pointed out that the goals provided a development tool to be employed judiciously in order to ensure that they contributed to attaining long-term development objectives. While considerable success had been achieved, it was recognized that there had also been failures. Learning from those failures was essential for reaching the goals. In that context, the importance of well-functioning district health systems was underlined. It was also stressed that the Convention on the Rights of the Child accorded every child the right to survival, protection and development, and that every effort should be made to reach the unreached.

35. The United Nations System-wide Special Initiative on Africa provided an important opportunity to reduce child and maternal mortality. Considering the large number of child and maternal deaths in South Asia, countries in that region also required special attention.

CHILD HEALTH

36. With regard to the reduction of *childhood mortality*, JCHP drew attention to the need to assess the relative effectiveness of various approaches and to consider the interlinkages between different activities. In addition to programmes to control deaths due to diarrhoea, acute respiratory infections and vaccine preventable diseases, action to reduce deaths due to malaria had to be implemented. Far greater attention and resources were needed in order to achieve the goal. All-out efforts had to be made to provide every child with adequate health care. JCHP **recommended** the integration of activities at district level to reduce child and maternal deaths.

37. JCHP noted that significant progress towards achieving the mid-decade goal for *immunization* had been made and that prospects for achieving the end-of-decade goal were good, assuming that the necessary resources could be mobilized. JCHP welcomed the detailed information provided on cost and benefits of immunization, and **recommended** that other programmes work to provide similar financial data. It was important to ensure that

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[4] JCHPSS/96.3

programmes were sustainable, that access to services was improved, and management strengthened. Polio eradication activities should be used as a means of enhancing immunization and other primary health care activities. Emphasis should be placed on reaching the 20% of the child population at present unprotected. Other actions to be undertaken over the next five years included: focusing on countries with low performance; promoting the high-risk approach to neonatal tetanus as the most cost-effective strategy; accelerating the measles programme in countries and areas where the disease represented a heavy burden; and, where polio remained endemic, supporting countries in routine immunization and in holding national immunization days.

38. With regard to *control of diarrhoeal diseases and acute respiratory infections*, JCHP pointed to the importance of linkages between the various sectors whose actions had an impact on the goals. For example, the goals for water and sanitation were of direct relevance to reducing diarrhoea-related mortality. Even in places where it had not yet been possible to implement improvements in water and sanitation services, work had nevertheless to continue to encourage healthy behaviours and to implement appropriate community and health service interventions to reduce morbidity and mortality.

39 JCHP encouraged an integrated approach to *management of childhood illness*, covering acute respiratory infections, diarrhoea, measles, malaria and aspects of malnutrition. It was noted that the year 2000 goals for the reduction of mortality from diarrhoea and acute respiratory infections remained technically achievable, but that a significant increase in political commitment and resources would be needed in order to reach them. It would be appropriate for UNICEF and WHO to consider what level of activities would be needed to meet those goals, to assess the feasibility of doing so, and to replan support to control activities in countries. Efforts to control diarrhoeal diseases should sustain actions to promote oral rehydration therapy, including improving access to oral rehydration salts and communication for behaviour change. In addition, greater emphasis had to be given to treatment of dysentery and persistent diarrhoea. All those activities required a long-term perspective and the setting of targets at country level adapted to the countries' needs and resources.

WOMEN'S HEALTH AND EDUCATION

40. JCHP noted that although the reduction of maternal and newborn mortality and morbidity had long been a common UNICEF/WHO goal, it required greater attention. Reliable estimates of the 1990 baseline had only recently become available, both globally and for each country. The mid-decade had already passed and it was a matter of extreme urgency to commit the resources and take the action required to meet the end-of-decade goal. UNICEF and WHO should use the new estimates to generate increased awareness of the magnitude of the problem and its amenability to change. The interventions needed were known: family planning, maternal and newborn care (including antenatal, delivery and postpartum care of acceptable quality), access to midwifery care for all pregnant women and essential care for obstetric complications. Since priority actions had been identified, the immediate commitment of both organizations to supporting those actions was essential.

41. Rather than directing scarce resources simply to measuring maternal mortality, it was important to focus on implementing effective interventions within a primary health care approach and to use process indicators for monitoring programme implementation. UNICEF and WHO should immediately release their joint guidelines on monitoring maternal mortality so that those guidelines could be used by programme managers and policy-makers to assess progress.

42. The need to learn from the successes and failures of past efforts was stressed. For example, it was currently known that the training of traditional birth attendants would contribute to reducing maternal and newborn mortality and morbidity only when such birth attendants received continuous support, were regularly supervised and were functionally linked to a maternal care referral system.

43. In view of the urgency of the situation, JCHP emphasized the need for adequately equipped and staffed district-based health systems, and the importance of pressing for increased political commitment and resources.

NUTRITION-RELATED GOALS

44. JCHP reviewed progress towards the six nutrition-related goals, i.e., malnutrition, iodine deficiency disorders, vitamin A and iron deficiency, breast-feeding and growth monitoring and promotion, and noted that success had been achieved in some areas, especially in reducing iodine deficiency disorders. Attention was drawn to the results of a recent comprehensive analysis of data which indicated that on average 56% of young child (6 months to 59 months) mortality was associated with malnutrition, 83% of which was attributable to mild-to-moderate malnutrition, as opposed to severe malnutrition.

45. The following were recognized as promising areas for further cooperative action: addressing vitamin A deficiency and iron deficiency; promotion of breast-feeding and appropriate complementary feeding; and improving the nutrition of girls and women. JCHP noted that there was a link between poverty and malnutrition but that there were effective actions that could be taken to reduce malnutrition. The fundamental importance of nutrition education and the diversification of diet for addressing both protein energy and micronutrient malnutrition were stressed. JCHP recognized that nutritional status could be used as an indicator of poverty and development.

WATER SUPPLY AND SANITATION

46. JCHP recognized water supply and sanitation as a priority area for both UNICEF and WHO. Recent decisions by JCHP and the Executive Boards of the two organizations had stressed the need for closer collaboration in developing new approaches to reaching the unserved, especially in the area of sanitation, to country-level monitoring and to meeting the needs of Africa. Specific recommendations included: (1) further development of a UNICEF/WHO implementation approach in water supply and sanitation which included considerations of financing and community cost-sharing; (2) greater emphasis on providing sanitation services for groups at high risk of sanitation-related diseases; (3) strengthening the collaboration in monitoring at the country level; and (4) closer cooperation on the United Nations System-wide Special Initiative on Africa, including the activities of AFRICA 2000 and the Africa Working Group of the Collaborative Council, as well as in efforts to support national programmes of action.

47. JCHP noted and expressed satisfaction that the number of cases of *guinea-worm disease (dracunculiasis)* had been reduced by 97% since 1986, and the number of infected villages had been brought from 23 000 to fewer than 8000 by the end of 1995. JCHP was concerned that, despite this progress, some countries were experiencing a lack of support for dracunculiasis eradication activities.

48. JCHP recommended that UNICEF and WHO strengthen efforts to assure adequate funding of national dracunculiasis eradication programmes for surveillance, case-containment and supervision activities, and ensure that the intensity of those interventions was maintained at least at the 1995-level throughout 1996 and 1997. In that connection, JCHP underlined the importance of continued political and economic support for the eradication of guinea-worm disease.

OTHER GOALS

49. Within the context of the basic education goal of the World Summit for Children, a mid-decade goal for the control of HIV/AIDS had been established. In that connection, JCHP noted that work had continued on establishing an indicator relative to the proportion of people aged 15-49 and 15-19 years who could cite at least two acceptable ways of protection from HIV, and that there had been progress in monitoring the HIV prevalence

levels in women aged 15 - 24 years attending antenatal clinics. Field studies in Uganda showed a declining trend in HIV prevalence in pregnant women being monitored in an HIV surveillance study. Furthermore, JCHP recalled the need for UNICEF and WHO to work closely with UNAIDS, in particular on this goal.

BRIEFING DOCUMENT

50. JCHP noted the draft briefing document[5] which presented comprehensive information on progress at mid-decade and prospects for the year 2000 in the context of the goals of the World Summit for Children. It noted with satisfaction the very close collaboration between UNICEF and WHO in support of governments in tracking progress towards the goals.

51. JCHP made several observations on the data contained in the document and requested that they be updated to reflect the most recent developments (including developments in neglected priority areas for action, such as maternal mortality) so that they could be used as an input to the United Nations Secretary-General's report to the General Assembly in September 1996. Furthermore, JCHP noted that in the remaining years of the decade there needed to be a recommitment of political will to focus resources on the health needs of children and women, especially in Africa and South Asia.

52. **JCHP recommended** that UNICEF and WHO update the document so that the Secretary-General's report to the General Assembly in September 1996 could reflect the most recent developments, including those in neglected priority areas for action.

IV. UNITED NATIONS SYSTEM-WIDE SPECIAL INITIATIVE ON AFRICA (AGENDA ITEM 4)

53. Information was presented on the United Nations System-wide Special Initiative on Africa, a process focusing on four main themes: enhancing support for promoting basic conditions for civil tranquillity and economic development; actions designed to better peoples' conditions through expanded access to education and health, particularly for girls and women, along with parallel actions concerned with employment and the promotion of sustainable livelihoods; strengthening the capacity for governance; and enhancing sustainable food and water security.

54. Both organizations were fully committed to the Initiative, in particular its health and health-related components. UNICEF and WHO, together with other concerned organizations, were taking practical actions to strengthen collaboration in support of country-driven implementation strategies.

55. It was pointed out that an important aspect of the Initiative was the involvement of the Bretton Woods Institutions, bearing in mind the need to reduce the heavy debt service burden of the countries concerned. The ownership of the initiative by African countries, the motivation of personnel and the need for true partnership at country level were stressed, as the imposition of the priorities and views of the international community would only lead to a repetition of the failure of earlier initiatives.

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[5] JCHPSS/96.3/Add.1

V. OTHER MATTERS (AGENDA ITEM 5)

Provisional agenda of the next session of JCHP

56. Five items for possible future consideration by JCHP were presented. Recognizing that it was preferable to discuss a few important subjects in depth rather than merely to touch on a range of topics, JCHP decided to limit the number of agenda items to two, namely district health systems and water and sanitation. The two secretariats were requested to elaborate as necessary in preparation for the next meeting.

Date and place of the next session of JCHP

57. JCHP decided to hold its thirty-first session in Geneva and the provisional dates of 27-28 January 1997, following the WHO Executive Board, or 29-30 January 1997 were proposed. The latter date, however, would pose problems for members of the WHO Executive Board. The two secretariats were requested to prepare the meeting and reach agreement on the dates.

V. CONCLUDING REMARKS

58. Mr S. Jarrett, Officer-in-Charge, Health Section, speaking on behalf of the Executive Director of UNICEF, thanked all participants for their constructive contributions to the discussion, enabling JCHP to provide useful guidance for future work.

59. Dr R.H. Henderson, Assistant Director-General, speaking on behalf of the Director-General of WHO, expressed appreciation for the many informative inputs to the meeting and congratulated all concerned, in particular the Chairman and Rapporteurs, for their admirable efficiency.

60. The Chairman, Professor Li Shichuo, thanked all the members of JCHP and the supporting staff for their cooperation in having made the present special session a success.

ANNEX

LIST OF PARTICIPANTS

UNICEF Executive Board Members

H.E. Ambassador Ion Gorita, President of UNICEF Executive Board, Romania
Dr Kiasekoka Nlemvo Joao Miguel, National Inspector for Health, Ministry of Health, Angola
Dr Inga Grebesheva, Director General, Russian Association, Family Planning, Russian Federation
Dr David Nabarro, Director, Human Development, Overseas Development Administration, United Kingdom
Dr Oscar Feo-Isturiz, Ministry of Health and Social Welfare, Venezuela
Dr Suyono Yahya, Executive Secretary, Coordinating Ministry for Social Welfare, Indonesia

WHO Executive Board Members

Professor Li Shichuo, Chairman of the Executive Board of the World Health Organization, Director-General, Department of International Cooperation, Ministry of Health, People's Republic of China
Dr Jo Ivey Boufford, Principal Deputy Assistant Secretary for Health, US Public Health Service, Department of Health and Human Services, USA
Dr K. Leppo, Director-General, Department of Social and Health Services, Ministry of Social Affairs and Health, Finland
Dr Ngo Van Hop, Director, Department of International Cooperation, Viet Nam (*alternate*)

UNICEF Secretariat

Ms Carol Bellamy, Executive Director
Mr S. Lewis, Deputy Executive Director
Mr D. Alnwick, Senior Adviser, Nutrition Section
Ms L. Bisharat, Director, Planning Office
Dr D. Broun, Chief Designate, Health Section
Mr A. Chowdhury, Secretary, Executive Board
Mr Paul Ignatieff, Director, UNICEF, Geneva
Mr S. Jarrett, Officer-in-Charge, Health Section
Dr M. Sharma, Senior Adviser, Health Section

WHO Secretariat

Dr Hiroshi Nakajima, Director-General
Mrs C.L. Abou-Zahr, Technical Officer, Maternal and Newborn Health/Safe Motherhood (MSM)
Mr D.G. Aitken, Assistant Director-General (ADG)
Mr J.E. Akre, Technical Officer, Nutrition (NUT)
Dr George A.O. Alleyne, Director, Regional Office for the Americas (RD/AMRO)
Dr F.S. Antezana, Assistant Director-General (ADG)
Dr M.K. Behbehani, Director, Division of Control of Tropical Diseases (CTD)
Dr M.A. Belsey, Programme Manager, Family and Reproductive Health (FRH)
Dr G. Benagiano, Director, Special Programme of Research, Development and Research Training in Human Reproduction (HRP)
Dr D. Benbouzid, Short-term Professional, Nutrition (NUT)
Ms N. Biros, Policy Analyst, Director-General's Executive Secretariat (DGE)
Dr D. Blake, Director, Office of HIV/AIDS and Sexually Transmitted Diseases (ASD)
Dr A. Borra, Medical Officer, Maternal and Newborn Health/Safe Motherhood (MSM)
Dr G.A. Clugston, Acting Director, Division of Food and Nutrition (FNU)
Mr N.E. Collishaw, Scientist, Tobacco or Health (TOH)
Dr M. de Onis, Scientist, Nutrition (NUT)
Mr H. Dixon, Chief, Health Situation Analysis and Projection (HSP)

Annex (continued)

Mr S.S. Fluss, Human Rights Coordinator, Health Policy in Development (HPD)
Dr H.L. Friedman, Chief, Adolescent Health and Development (ADH)
Dr C.M. Garcia Moreno, Chief, Women's Health (WHD)
Dr Hussein A. Gezairy, Director, Regional Office for the Eastern Mediterranean (RD/EMRO)
Dr F.L. Gasse, Medical Officer, Expanded Programme on Immunization (EPI)
Dr M. Gonzalez, Executive Officer, Director-General's Executive Secretariat (DGE)
Dr A. El-Bindari Hammad, Executive Administrator for Health Policy in Development (HPD)
Dr S.T. Han, Director, Regional Office for the Western Pacific (RD/WPRO)
Dr H.R. Hapsara, Director, Division of Health Situation and Trend Assessment (HST)
Dr R.H. Henderson, Assistant Director-General (ADG)
Dr D.L. Heymann, Director, Division of Emerging, Viral and Bacterial Diseases Surveillance and Control (EMC)
Dr S. Holck, Director, Division of Reproductive Health (RHT)
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Dr M. Jancloes, Director, Division of Intensified Cooperation with Countries (ICO)
Dr Y. Kawaguchi, Director, Division of Interagency Affairs (INA)
Dr I.S. Kickbusch, Director, Division of Health Promotion, Education and Communication (HPR)
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